

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	✓					
2	✓					
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
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50						
TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
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